

# Pain Management



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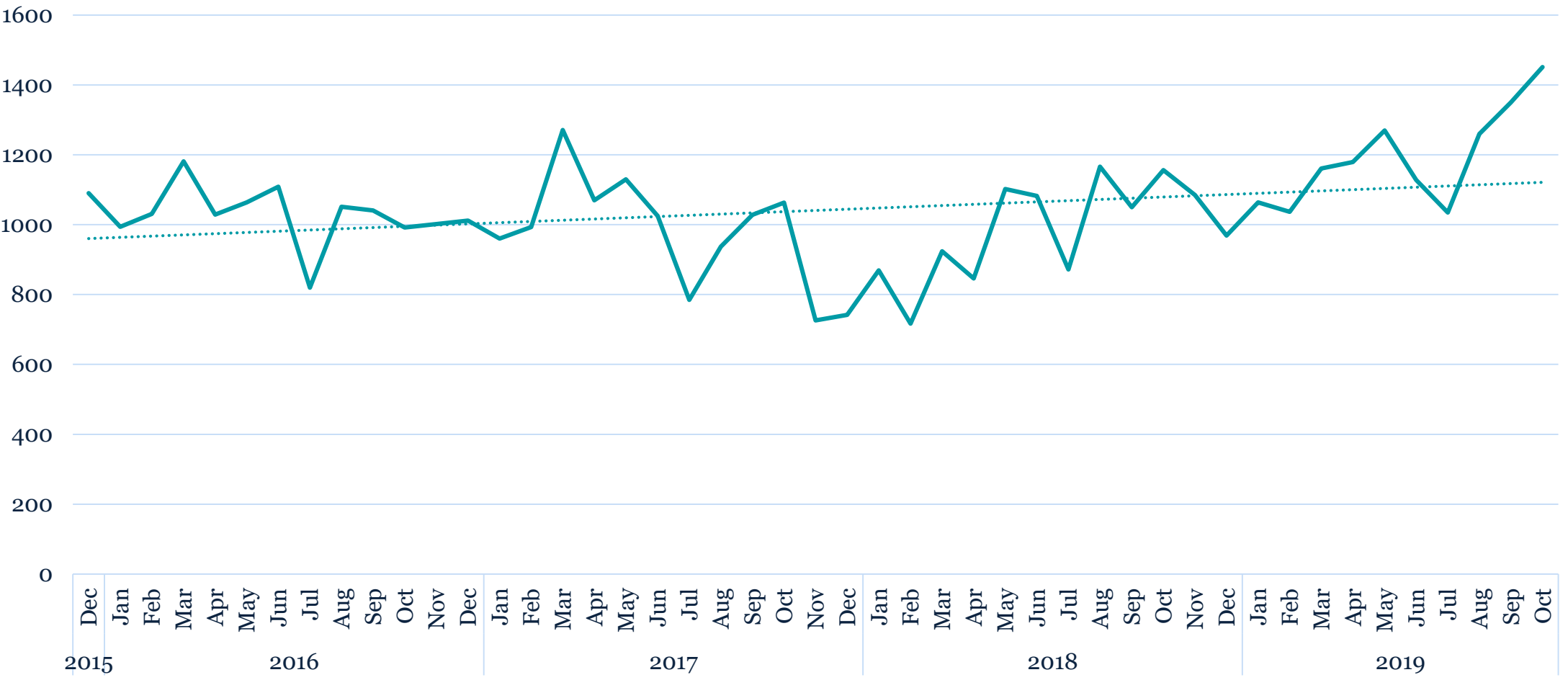
# Multi-Disciplinary Pain Management Center

## Stroger Hospital

- Historical overview – 1994 to present
- Members and function
  - Anesthesiologist, PM&R, Psychologist, Nursing & Acupuncture
  - ACGME certified pain fellowship program (21 years)
  - Coverage provided to inpatient/outpatient – Stroger/OFH
- Referral source – CCH
  - IM, FM, Neurosurgery, Orthopedics, Oncology, Trauma, EM
  - E-consults
- Approach with patients in pain
  - Multidisciplinary and patient-centered
  - Individualized
  - Evidence-based

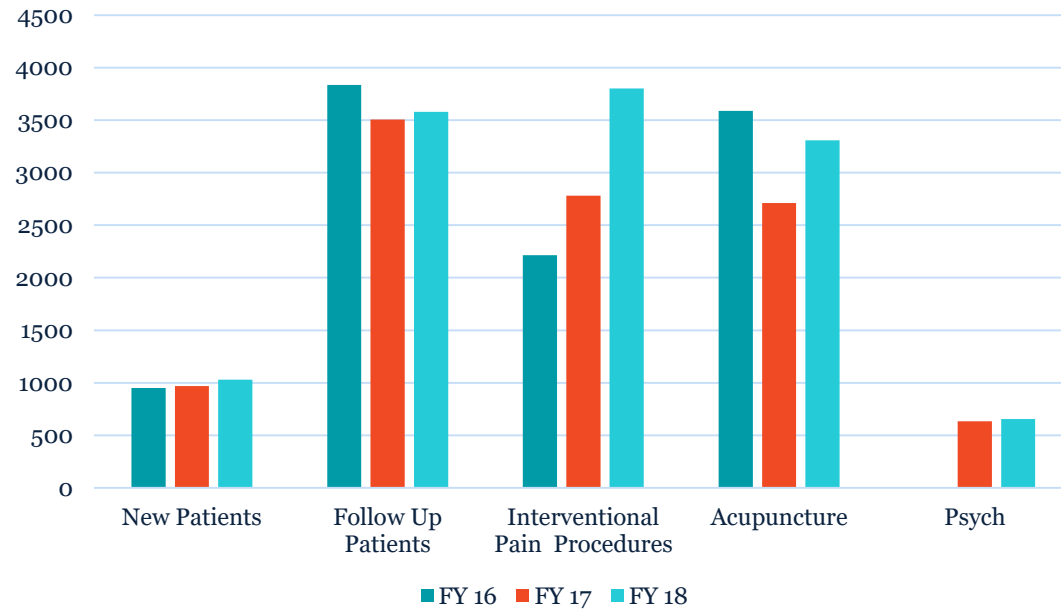


# Total Patients Seen by Pain Department

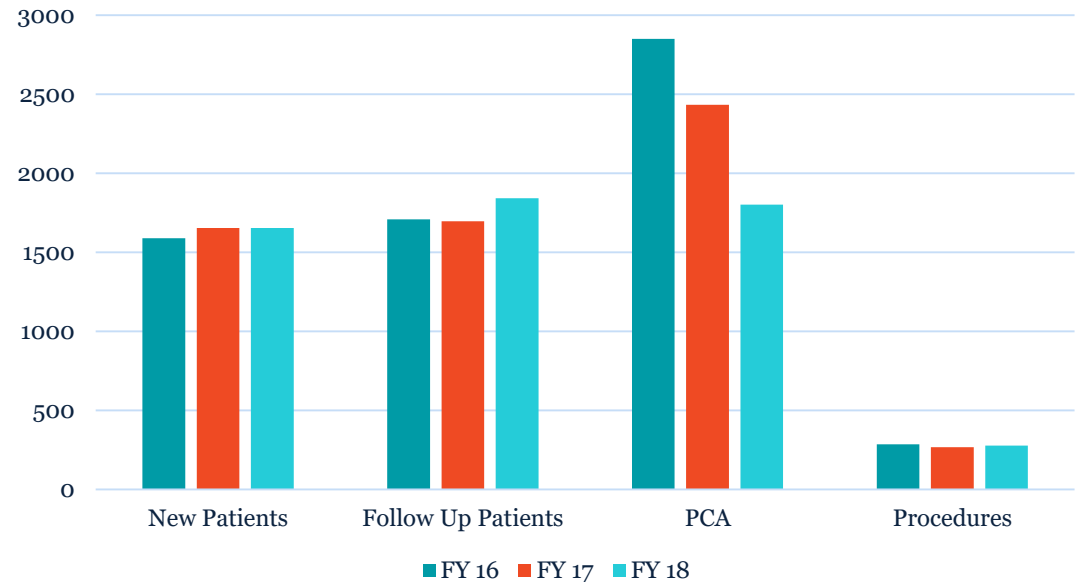


# Chronic and Acute Pain

## Chronic Pain Service Yearly Census



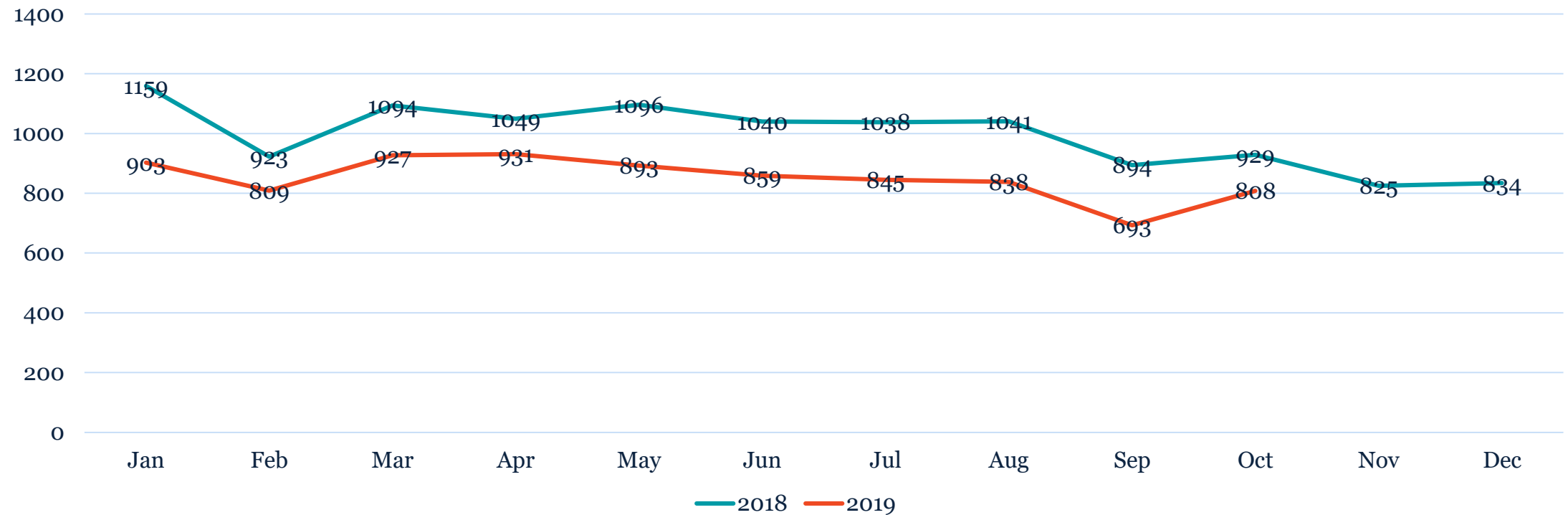
## Acute Pain Service Yearly Census



- While the number of new patients has remained fairly stable, the number of interventional procedures continues to increase
- The number of follow up patients has remained fairly stable as has the number of patients receiving psychological interventions
- With the support of the pain service for education of patients and staff, PCA opioid use continues to decline, while the volume of patients stays considerably stable

# Inpatient Opioid Use

Cook County Health Opioid Dispensing Data





# Treatment Modalities

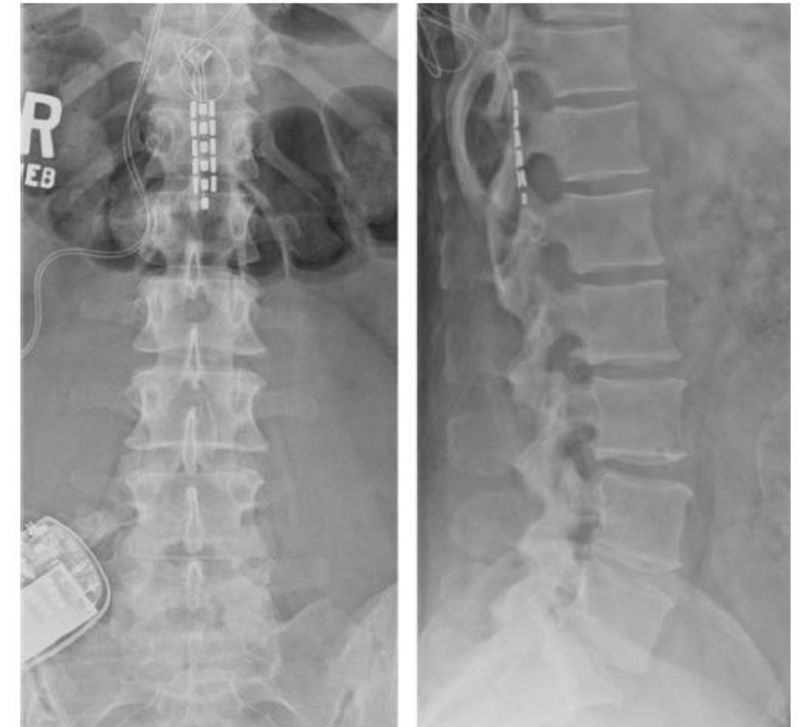


# Interventional Pain Management Approach

Inpatient – Acute Pain



Outpatient – Chronic Pain



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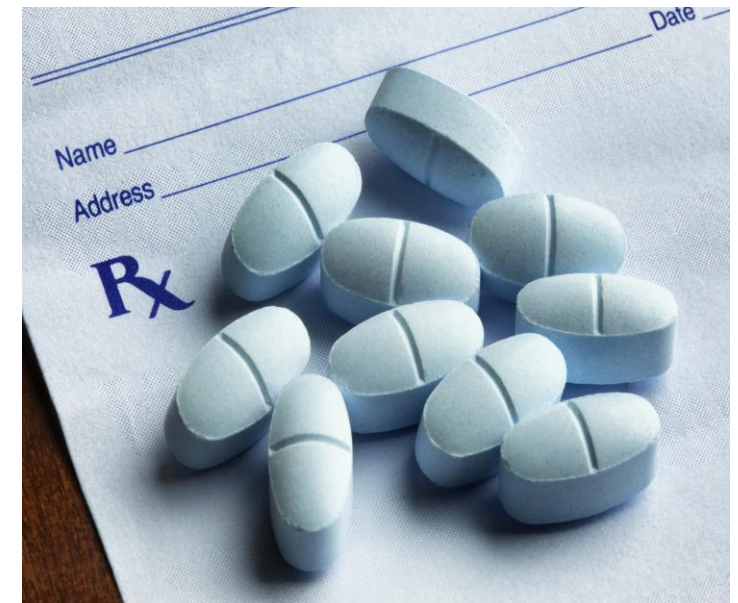


# Safe Opioid Prescribing Committee

## A Partnership with Patients at CCH

Best practices guidelines by CDC/JC for chronic pain management:

- Standardizing and providing opioid medication agreement to all patients being prescribed
- Verifying and documenting ILPMP website on each visit
- Prescribing small opioid quantities and frequent visits initially
- Obtaining opioids from a single pharmacy
- Performing urine drug testing when needed
- Documenting risk and functional improvement
- Avoiding the combination of sedatives and opioids
- Prescribing Naloxone for opioid prescriptions >50 MME

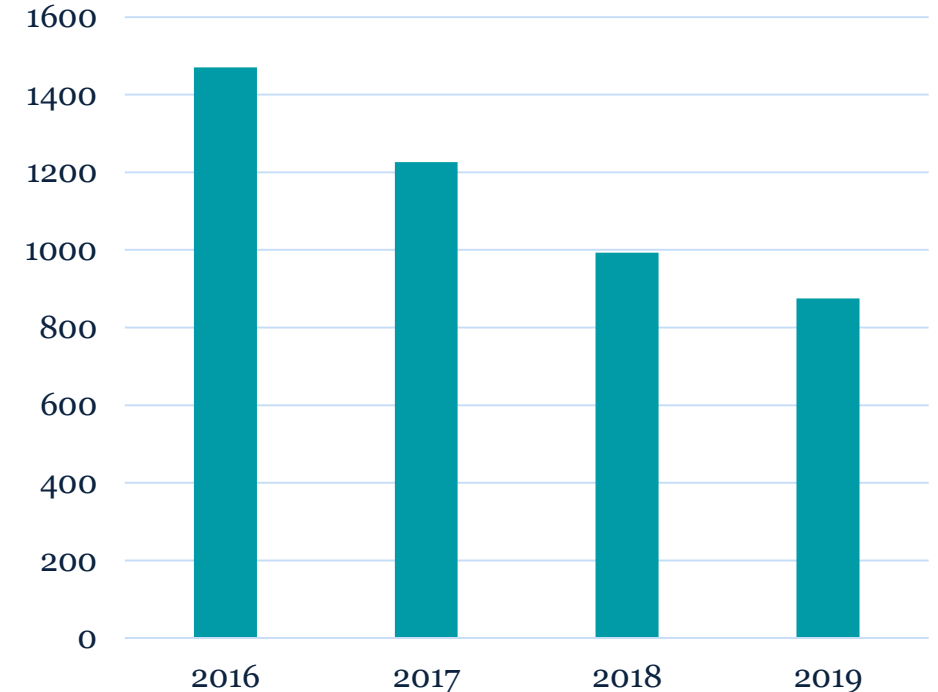




# Accomplishments

- Decreased opioid use across all settings – inpatients and outpatients – as we have introduced other pain management modalities
- Opened a second interventional procedure room to increase the number of procedures
- An approved ACGME academic pain fellowship program – 21 years with 4 fellows in training
- Successful system integration of a multimodal/multidisciplinary approach to pain management
- Successful E-consult service providing education and support to other providers and fast tracking appointments when clinically indicated

Opioid Prescriptions Filled in CCH Pharmacies Per Month



# Future Directions

- Support/expansion of our Pain Center at Stroger Hospital
  - Wait time new patient referral – 7 months; procedures – 5 months
  - Seeking an APN provider who will support both in/outpatient clinical services allowing physicians more time for new patients/procedures
- Expansion of our multidisciplinary Pain Management Team at Provident Hospital
  - Specialty trained physicians and nurses
  - Interventional pain procedures
- Opening of acupuncture services for veterans

# Questions?



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